



Form CCF-VR  
Convention Center Financing Surcharge  
Vehicle Rental Transaction Contract Surcharge  
for Vehicle Rental Contracts Executed in Boston

Rev. 8/00

Massachusetts  
Department of  
Revenue

This return is due on or before the 20th day of the month following the close of each calendar quarter. For the quarter ending

## Registration Section

Name	Federal Identification number		
▶			
Address			
City/Town	State	Zip	

## Vehicle Rental Transaction Contract Surcharge

<b>1</b>	Total number of vehicle rental contracts in Boston in calendar quarter for:	
<b>a</b>	Passenger cars	▶ <b>1a</b>
<b>b</b>	Trucks	▶ <b>1b</b>
<b>c</b>	Vans	▶ <b>1c</b>
<b>d</b>	Trailers	▶ <b>1d</b>
<b>e</b>	Total number of vehicle rental contracts. <i>Add lines 1a through 1d</i>	▶ <b>1e</b>
<b>2a</b>	Number of vehicle rental contracts to the U.S. government and/or its instrumentalities included in line 1e	▶ <b>2a</b>
<b>2b</b>	Number of vehicle rental contracts to foreign diplomats and/or consular personnel included in line 1e	▶ <b>2b</b>
<b>2c</b>	Total number of exempt vehicle rental contracts. <i>Add lines 2a and 2b</i>	▶ <b>2c</b>
<b>3</b>	Total number of vehicle rental contracts subject to surcharge. <i>Subtract line 2c from line 1e.</i>	▶ <b>3</b>
<b>4</b>	Surcharge rate (\$10.00)	▶ <b>4</b> \$ 10.00
<b>5</b>	Surcharge amount due. <i>Multiply line 3 by line 4</i>	▶ <b>5</b> \$
<b>6</b>	Penalties	▶ <b>6</b> \$
<b>7</b>	Interest	▶ <b>7</b> \$
<b>8</b>	Total amount due. <i>Add lines 5, 6 and 7</i>	▶ <b>8</b> \$

## Declaration

The undersigned certifies under the penalties of perjury that all items and statements herein contained are true and accurate in every particular.

Signature of authorized officer	Date	Telephone	
Preparer's signature and Social Security number	Date	<input type="checkbox"/> Check if self-employed	Employer Identification number
Firm name (or yours, if self-employed) and address	City/Town	State	Zip

File this return and payment in full with:  
Massachusetts Department of Revenue  
PO Box 7004  
Boston, MA 02204

Make check or money order payable to: Commonwealth of Massachusetts.